

# Appendix A

## **BIRTH WEIGHT IN GRAMS**

In order to provide data comparable to that published for the United States and other countries, birth weight is reported in grams for this report. The equivalents of the gram intervals in pounds and ounces are as follows:

499 grams or less	= 1 lb. 1 oz. or less
500 - 999 grams	= 1 lb. 2 ozs. - 2 lbs. 3 ozs.
1,000 - 1,499 grams	= 2 lbs. 4 ozs. - 3 lbs. 4 ozs.
1,500 - 1,999 grams	= 3 lbs. 5 ozs. - 4 lbs. 6 ozs.
2,000 - 2,499 grams	= 4 lbs. 7 ozs. - 5 lbs. 8 ozs.
2,500 - 2,999 grams	= 5 lbs. 9 ozs. - 6 lbs. 9 ozs.
3,000 - 3,499 grams	= 6 lbs. 10 ozs. - 7 lbs. 11 ozs.
3,500 - 3,999 grams	= 7 lbs. 12 ozs. - 8 lbs. 12 ozs.
4,000 - 4,499 grams	= 8 lbs. 13 ozs. - 9 lbs. 14 ozs.
4,500 - 4,999 grams	= 9 lbs. 15 ozs. - 11 lbs. 0 ozs.
5,000 grams or more	= 11 lbs. 1 oz. or more

## **RATES**

Absolute counts of births and deaths do not readily lend themselves to analysis and comparison between years and various geographic areas because of population differences. These demographic differences include total number, age and sex distributions, and ethnic or racial differentials. In order to assess the health status of a particular population at a specified time, the absolute number of events is converted to a relative number such as probability of living or dying, a rate, a ratio, or an index. This conversion is made by relating the crude number of events to the living population at risk in a particular area at a specified time.

### **Reliability of Rates:**

Precautions should always be taken when comparing any rates on vital events especially crude rates. Both the size of the numbers and the characteristics of the

population are important indicators of a rate's actual value.

All statistics are subject to chance variation. Rates based on an unusually small or large number of events over a specified period of time or for a sparsely populated geographic area should be of particular caution and concern.

For example, in year A there were three infant deaths for an infant mortality rate of 22.7 per 1,000 live births. In year B there were zero infant deaths for a rate of zero. The rate dropped from a very high infant mortality rate of 22.7 to a rate of zero. This is the result of a few infant deaths having enormous implications when applied to a relatively small number of births. Any statement regarding the unusually high infant mortality rate in year A or the incredible decrease in rates between year A and year B could be quite misleading. When small numbers of events or populations are evident in calculating/studying rates, multiple year rates (usually five or ten year summary rates) will often provide a much better framework for the measurement of an outcome. There are many characteristics of a population that can also render a crude rate of little use. Any unique demographic factors such as those related to age, sex, or race are not accounted for in crude rates. Since mortality varies greatly by age, crude death comparisons between the United States and South Dakota could be very misleading. Age-adjusted and specific rates offer a more refined measurement with which to compare vital event experiences over geographic areas or time periods.

**ABORTION FORMS**

Shown below and on the following pages are the abortion forms physicians are

required to use under South Dakota Codified Law 34-23A-34 to 34-23A-45.

***Physician's Induced Abortion Reporting Form  
Parental Notice  
South Dakota Codified Law § 34-23A-39  
South Dakota Department of Health  
600 East Capitol  
Pierre, South Dakota 57501-2536***

Name of Hospital, Clinic or Physician's Office: _____	Date of Report ____ / ____ / ____
_____	Patient ID Number: _____
Person responsible for the patient who is a minor (check appropriate box): Parent    Guardian/conservator	
<b>Complete questions A or B and question C.</b>	
A. As outlined in SDCL section 34-23A-7, notice was provided to: Parent    Guardian/conservator	
B. Notice was not provided to parents or guardian/conservator of the minor as outlined in SDCL section 34-23A-7 because:  A medical emergency existed complicating the medical condition of the pregnant female so as to necessitate the immediate abortion to avert her death or to avert the creation of a serious risk of substantial or irreversible impairment of a major bodily function.  The person who was entitled to notice certified in writing that he/she has been notified.  The patient was an emancipated minor as defined by SDCL section 24-5-24.  The physician was authorized by the court under SDCL section 34-23A-7(3) to perform the induced abortion without parental or guardian/conservator notice.	
C. Minor obtained induced abortion:    Yes    No    Unknown	

**REPORT OF INDUCED ABORTION**  
**South Dakota Codified Law §§ 34-23A-35, 34-23A-34, 34-23A-19**  
**(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))**  
**South Dakota Department of Health**  
**600 East Capitol Avenue**  
**Pierre, South Dakota 57501-2536**

<b>PLACE OF OCCURRENCE</b>			
Name of Hospital, Clinic or Physician's Office:		Date of Report (Month/Day/Year)	Patient ID Number:
State: _____	County: _____	City: _____	
<b>PATIENT INFORMATION</b>			
Residence:		Residence Inside City Limits?	Marital Status: Married?
State: _____	County: _____	City: _____	
Zip Code: _____	Race: White    American Indian    Black    Other (specify): _____		Of Hispanic Origin? Yes    No
Education ( <b>circle</b> only highest grade completed):		Age on Last Birthday:	
Elementary/Secondary (0-12)    College (1-4 or 5+)		Age of unborn child's father, if known (if patient was younger than 16 years of age at conception):	
_____ 8 9 10 11 12    1 2 3 4 5+			
<b>PAYMENT INFORMATION</b>			
Payment for this Procedure: Private Insurance Public Health Plan Other (Specify): _____		Insurance Coverage Type: Fee-for-service Insurance Co. Managed Care Company Other (Specify): _____	Fee Collected for Performing or Treating the Induced Abortion: \$ _____
<b>PREVIOUS PREGNANCIES (complete each section)</b>			
Live Births		Other Terminations	
Now Living None    Number _____	Now Dead None    Number _____	Spontaneous None    Number _____	Previous Induced None    Number _____
<b>MEDICAL INFORMATION</b>			
Date of Induced Abortion (Month/Day/Year) ____/____/____	Date Last Normal Menses Began (Month/Day/Year) ____/____/____	Patient Received Required Counseling? Yes    No	Presence of Fetal Abnormality? Yes    No    Unknown
Approximate Gestational Age _____ weeks	Measurement of Fetus _____ Unknown (refer to instructions)	Method of Disposal: Burial    Cremation Incineration    Unknown/Medical	
Rhesus factor (Rh) information:    Patient received Rh test:    Yes    No If no, why?    Patient provided info from elsewhere    Info is in patient's chart Patient is positive or negative for Rh factor:    Positive    Negative    Unknown Patient received Rho (D) immune globulin injection:    Yes    No			
<b>MEDICAL PROCEDURES</b>			
Primary Procedure That Terminated Pregnancy ( <i>check only one</i> )	Type of Termination Procedure	Any Additional Procedures Used ( <i>check all that apply</i> )	
	Suction Medical/Non-surgical Dilation and Evacuation Intra-Uterine Instillation Sharp Curettage Hysterotomy/Hysterectomy Other (Specify) _____		
Type of Anesthetic Used: None General Regional    Local IV Conscious Sedation	Complications from the abortion: None 1. _____ 2. _____ 3. _____		
<b>REASON FOR INDUCED ABORTION</b>			
<i>Check all that apply.</i>			
The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued			
The pregnancy was a result of rape		The pregnancy was a result of incest	
The mother could not afford the child		The mother did not desire to have the child	
The mother's emotional health was at risk		Other, which shall be specified: _____	
<b>PHYSICIAN INFORMATION</b>			
Name of Physician and License Number:		Physician Has Been Subject To:	
Physician's Specialty: _____		License Revocation    Yes    No License Suspension    Yes    No Other Professional Sanction    Yes    No	

**Physician's Induced Abortion Reporting Form**  
**Voluntary and Informed Consent**  
**South Dakota Codified Law § 34-23A-37**  
*(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))*  
 South Dakota Department of Health  
 600 East Capitol Avenue  
 Pierre, South Dakota 57501-2536

Name of Hospital, Clinic or Physician's Office:  _____	Date of Report ____ / ____ / ____  Patient ID Number: _____
SDCL 34-23A-43 (verification purposes)	

**Complete the appropriate categories regarding informed consent information supplied to female patients. This includes medical information described in SDCL 34-23A-10.1(1), resource information described in SDCL 34-23A-10.1(2), and printed fetal growth and development educational materials described in SDCL 34-23A-10.3.**

Patient was timely provided the **medical** information as described in **SDCL §§ 34-23A-10.1(1) and 34-23A-10.1 (last paragraph)**.  
 Medical information was provided:  
     during telephone conversation                      in person (face-to-face)

Medical information was provided by:  
     referring physician                                      physician performing induced abortion

Patient was timely provided the **resource** information as described in **SDCL 34-23A-10.1(2)**.  
 Resource information was provided:  
     during telephone conversation                      in person (face-to-face)

Resource information was provided by:  
     referring physician                                      physician performing induced abortion  
     agent of referring physician                              agent of physician performing induced abortion

Patient was timely offered the printed **fetal growth and development** information as described in **SDCL §§ 34-23A-10.3 and 34-23A-10.1(2)(c)** in both printed form and by website at [www.state.sd.us/applications/ph17abortioninfo/inlet/fetal.pdf](http://www.state.sd.us/applications/ph17abortioninfo/inlet/fetal.pdf) and [www.state.sd.us/ph17abortioninfo](http://www.state.sd.us/ph17abortioninfo).  
     Patient did not accept the printed fetal growth and development information described in SDCL §§ 34-23A-10.3 and 34-23A-10.1(2)(c).  
     Patient did not accept the website fetal growth and development information described in SDCL §§ 34-23A-10.4 and 34-23A-10.1(2)(c).

**Patient obtained induced abortion: Yes No Unknown** SDCL §§ 34-23A-10.1(1), 34-23A-10.1(2)(c), 34-23A-10.1(3), and 34-23A-10.1(4).

Patient obtained induced abortion. Patient was not provided the medical or resource information described in SDCL §§ 34-23A-10.1 (1) or 34-23A-10.1(2) because of a medical emergency which so complicated the medical condition of the pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death, on the basis of the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.

Patient obtained induced abortion. Patient was not provided the medical or resource information described in SDCL §§ 34-23A-10.1 (1) or 34-23A-10.1(2) because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function, in the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form PO66 must be submitted to Department of Health.